

VERIFICATION OF UNEMPLOYMENT BENEFITS

To: (Name & address)

Date _____

Phone # _____

Fax # _____

RE: _____

Social Security #: _____

The individual named directly above is an applicant/tenant of the Federal Housing Tax Credit Program. Federal regulations require that we must verify income in order that the anticipated gross income for the next twelve months may be calculated. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely, _____
Project Owner/Management Agent

RETURN THIS FORM TO:

To Be Completed by Employment Security:

1. Are benefits being paid now? ☐ Yes ☐ No

If yes, what is the weekly amount \$ _____

2. When did/will benefits start? _____

3. What is the balance of the benefits available? _____

4. If benefits have expired, when did they expire? _____

5. Is recipient eligible for extended benefits? ☐ Yes ☐ No

If yes, how many weeks? _____ Amount per week: \$ _____

Remarks: _____

Completed By: _____ Date: _____

Name/Title: _____ Telephone #- _____
(please print)

Note: Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States or the Department of Housing and Urban Development is guilty of a felony.